

**OFFICER'S BATTERY REPORT**  
CHICAGO POLICE DEPARTMENT

RD NO. **HZ531419**

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

**"X APPLICABLE BOXES"**

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) <b>WALLACE, CURTIS L.</b>		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR	
STAR NO. <b>16827</b>	POSITION <b>POLICE OFFICER</b>	ADDRESS OF OCCURRENCE <b>4529 W WASHINGTON BLVD</b>	
DATE OF APPOINTMENT <b>05-DEC-1994</b>	EMPLOYEE NO. [REDACTED]	CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago)
UNIT OF ASSIGNMENT <b>313</b>	BEAT/CALL NO. <b>6735C</b>	LOCATION CODE <b>330-OTHER</b>	BEAT OF OCCURRENCE <b>1113</b>
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <b>BLACK</b>	DOB [REDACTED]	DATE OF OCCURRENCE      TIME      DAY OF WEEK <b>27-NOV-2016      23:35:00      SUNDAY</b>
HEIGHT <b>506</b>	WEIGHT <b>150</b>	NO. OF OFFICERS BATTERED <b>5</b>	
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED		WERE THERE ASSISTING UNITS ON SCENE?    1. <input checked="" type="checkbox"/> YES    2. <input type="checkbox"/> NO	
<input checked="" type="checkbox"/> 1. ON DUTY <input type="checkbox"/> A. UNIFORM, PATROLD DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input checked="" type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? <b>5</b> MANNER OF ATTACK <input type="checkbox"/> 01. SHOT <input checked="" type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
TYPE OF ACTIVITY		TYPE OF WEAPON/THREAT	
<input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input checked="" type="checkbox"/> G. DISTURBANCE - DTHOR <input checked="" type="checkbox"/> H. MAN WITH A GUN <input checked="" type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE <b>720 ILCS 5.0/12-3.05-E-1-AGG BATTERY/DISCHARGE FIREARM</b> IUCR CODE <b>BATTERY - AGGRAVATED HANOGUN</b> <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____      ORIGINAL IUCR CODE _____ <input type="checkbox"/> K. OTHER		(Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ 1. REVOLVER      2. SEMI-AUTOMATIC      3. RIFLE      4. SHOTGUN <input type="checkbox"/> B. VEHICLE 1. OFFICER STRUCK WITH VEHICLE      2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT FIREARM USE INFORMATION      (Check all that apply): <input checked="" type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON	
TYPE OF INJURY TO OFFICER		OFFENDER INFORMATION	
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NDNE APPARENT/NDNE		SEX      RACE      DOB <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F <b>BLACK</b> <b>18-DEC-1982</b> CB NO.      IR NO.	
LIGHTING CONDITIONS AT INCIDENT		WEATHER CONDITIONS	
<input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT 1. PDDR      2. GOOD		<input type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FDG / SMDKE / HAZE <input type="checkbox"/> G. OTHER <input checked="" type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND APPROXIMATE OUTDOOR TEMPERATURE: <b>45°F</b>	

100-1083171-28  
 11/27/16  
 11/27/16

UH  
1624  
LOG # 1083171  
Attachment 28

REPORTING MEMBER - SIGNATURE  
WALLACE, CURTIS L

STAR NO.  
16827

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.  
BAY, ROGER J 35